

SENIOR INSURANCE LEADS (www.seniorinsuranceleads.com)

INTERNET LEAD ORDER FORM

Product Desired	<input type="checkbox"/> Internet Lead – Senior Health Basic (over 64 yo) <input type="checkbox"/> Internet Lead – Senior Health Plus Call Center Contact <input type="checkbox"/> Internet Lead – Major Medical (under 64 yo) <input type="checkbox"/> Internet Lead – Major Medical Plus Call Center Contact <input type="checkbox"/> Internet Lead – Senior Life Basic (over 60 yo) <input type="checkbox"/> Internet Lead – General Life Basic (under 60 yo)
State	
County (s)	
Desired Quantity	

PRICING TABLE

Order Range	Rate Per Lead
Between 50 - 100	\$1.50
Between 101 and 500	\$1.25
Between 501 and 1,000	\$1.00
Between 1,001 and 5,000	\$0.90

For the “Plus” products, add \$1.00 per lead for 5 contact attempts over 3 days

If you need leads in a specific range (example: 65 to 75 yo as opposed to over 65 yo), add \$0.60 per lead.

Minimum order is 50 leads.

Your Full Name _____

E-Mail Address _____

Please PRINT, FILL OUT and FAX a Signed Copy to 201-221-7881 and send an E-MAIL confirmation to orders@seniorinsuranceleads.com

CREDIT CARD AUTHORIZATION

Charge Amount: \$ _____

Card Holders Name: _____
(exactly as it appears on the credit card)

Company Name: _____

Card Type (circle one) : MASTERCARD VISA AMEX

Cardholder Name: _____

Card Number: _____

Expiration Date: ____/____/____

Card Identification Number: _____

Please reference the picture below for the location of this number on your card. (CVV2). (Visa, Mastercard & Discover: 3 digits on back)



Billing Address: _____

City _____

State _____ ZiP _____

Card Holder Phone Number:() _____ - _____

Description: _____

Card Holder Signature: _____

Card Holder Name (PRINT): _____

Date Of Signature: ____/____/____

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